



## **DPH ICD-10 IMPLEMENTATION PROJECT**



# **ICD-10-CM MATERNAL HEALTH CODING TRAINING WORKBOOK *FOR LOCAL HEALTH DEPARTMENTS AND RURAL HEALTH CLINICS***

WBS 2.5

Version 1.1

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## Change History

Version Number & Date	Version Description	Version Author
V1.0 – September 10, 2014	Final MATERNAL HEALTH workbook to be used for September 2014 Specialized training.	Sarah Brooks
V1.1 – September 16, 2014	Cosmetic changes; Added Evaluation form	Sarah Brooks

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## Table of Contents

1.	ICD-10-CM: THE CHAPTERS .....	5
2.	ICD-10-CM: THE CHAPTER BLOCKS FOR MATERNAL HEALTH.....	6
2.1	CHAPTER 15 – PREGNANCY, CHILDBIRTH AND THE PUERPERIUM (O00-O9A).....	6
2.2	CHAPTER 21 – FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (Z00-Z99)...	6
2.3	THE BASICS: CODING STEPS .....	8
3.	MATERNAL HEALTH – CHAPTERS 21, 15 .....	9
3.1	MATERNAL HEALTH: REVIEW QUESTIONS.....	9
3.2	MATERNAL HEALTH: CODING EXERCISES .....	11
3.3	CHAPTER 15 - DOCUMENTATION TIPS.....	13
3.4	CHAPTER 15 – ICD-9/ICD-10 COMPARISON OF GESTATIONAL DIABETES .....	14
3.5	CHAPTER 15: OBSTETRICS AND GYNECOLOGY CROSSWORD PUZZLE .....	15
3.6	CODING TOBACCO USE AND NICOTINE DEPENDENCE (ICD-9-CM vs ICD-10-CM) .....	17
4.	TRAINING EVALUATION .....	18

# 1. ICD-10-CM: The Chapters

Chapter #	Description	Range of Codes
1	Certain infectious and parasitic diseases	A00-B99
2	Neoplasms	C00-D49
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89
4	Endocrine, nutritional and metabolic diseases	E00-E89
5	Mental, Behavioral and Neurodevelopmental disorders	F01-F99
6	Diseases of the nervous system	G00-G99
7	Diseases of the eye and adnexa	H00-H59
8	Diseases of the ear and mastoid process	H60-H95
9	Diseases of the circulatory system	I00-I99
10	Diseases of the respiratory system	J00-J99
11	Diseases of the digestive system	K00-K95
12	Diseases of the skin and subcutaneous tissue	L00-L99
13	Diseases of the musculoskeletal system and connective tissue	M00-M99
14	Diseases of the genitourinary system	N00-N99
15	Pregnancy, childbirth and the puerperium	O00-O9A
16	Certain conditions originating in the perinatal period	P00-P96
17	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99
18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99
19	Injury, poisoning and certain other consequences of external causes	S00-T88
20	External causes of morbidity	V00-Y99
21	Factors influencing health status and contact with health services	Z00-Z99

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## 2. ICD-10-CM: The Chapter Blocks for Maternal Health

### 2.1 Chapter 15 – Pregnancy, childbirth and the puerperium (O00-O9A)

<b>O00-O08</b> Pregnancy with abortive outcome	<b>O60-O77</b> Complications of labor and delivery
<b>O09</b> Supervision of high risk pregnancy	<b>O80-O82</b> Encounter for delivery
<b>O10-O16</b> Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	<b>O85-O92</b> Complications predominantly related to the puerperium
<b>O20-O29</b> Other maternal disorders predominantly related to pregnancy	<b>O94-O9A</b> Other obstetric conditions, not elsewhere classified
<b>O30-O48</b> Maternal care related to the fetus and amniotic cavity and possible delivery problems	

### 2.2 Chapter 21 – Factors influencing health status and contact with health services (Z00-Z99)

<b>Z00-Z13</b> Persons encountering health services for examinations	<b>Z40-Z53</b> Encounters for other specific health care
<b>Z14-Z15</b> Genetic carrier and genetic susceptibility to disease	<b>Z55-Z65</b> Persons with potential health hazards related to socioeconomic and psychosocial circumstances
<b>Z16</b> Resistance to antimicrobial drugs	<b>Z66</b> Do not resuscitate status

## ICD-10-CM Maternal Health Coding Training Workbook

<b>Z17</b> Estrogen receptor status	<b>Z67</b> Blood type
<b>Z18</b> Retained foreign body fragments	<b>Z68</b> Body mass index (BMI)
<b>Z20-Z28</b> Persons with potential health hazards related to communicable diseases	<b>Z69-Z76</b> Persons encountering health services in other circumstances
<b>Z30-Z39</b> Persons encountering health services in circumstances related to reproduction	<b>Z77-Z99</b> Persons with potential health hazards related to family and personal history and certain conditions influencing health status

## 2.3 The Basics: Coding Steps

Below is the process to follow when looking up codes. It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify if a 7th character is required.

- A. Locate the main term in the Alphabetic Index
  - a. For Chest Cold, Look up “Cold” then go down list to find “Chest”
- B. Scan the main term entry for any instructional notes
  - a. “*see* Bronchitis” so look up “Bronchitis”
- C. In the diagnosis being coded, identify any terms that modify the main term
  - a. Nothing under “Bronchitis J40” relates back to Chest Cold
- D. Follow any cross-reference notes
- E. Always verify the code in the Tabular List
  - a. **Never** begin code searches using Tabular List – may lead to coding errors
  - b. Go to J40 in the Tabular
- F. Follow any instructional notes
  - a. Do any of the instructions apply to Chest Cold?
- G. Select the code
  - a. J40 is the correct code



### 3. MATERNAL HEALTH – Chapters 21, 15

#### 3.1 Maternal Health: Review Questions

1. If a client has a condition coded from Chapter 15, it will be first-listed.

☐

True

☐False

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2. It is acceptable to use codes from category **Z34, Encounter for supervision of normal pregnancy**, with Chapter 15 codes.

☐

True

☐False

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3. For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category **O09, Supervision of high-risk pregnancy**, should be used as the first-listed diagnosis.

☐

True

☐False

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4. For the client's first pre-natal visit, a trimester is assigned and does not change during future encounters.

☐

True

☐False

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5. If the clinician documents the client is in their 16<sup>th</sup> week of the pregnancy, the client is in their 1<sup>st</sup> trimester.

☐

True

☐False

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6. To code live born infant including place of birth and type of delivery, codes from Chapter 15 are used.

☐

True

☐False

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7. Codes from category Z34, Encounter for supervision of normal pregnancy, must be first-listed.

☐

True

☐False

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8. Follow up codes are used when treatment for a disease, condition or injury is complete.

☐

True

☐False

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9. Status codes are used to describe a condition a client had previously that no longer exists.

☐

True

☐False

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## 3.2 Maternal Health: Coding Exercises

#	Scenario/Diagnosis	Answer
1	A 35 year old woman, G1, P1 at 18 weeks of pregnancy underwent a 1 hour glucose screening test that was found to be abnormal, with a blood sugar level reported to be over 200 mg/dl. The patient was sent to the hospital laboratory for a 3 hour glucose tolerance test. The final diagnosis is Gestational Diabetes.	
2	36 year old G2 P1 female is 28-weeks pregnant and is being seen at the health department for gestational hypertension. At this time she is not having any other problems.	
3	25 year old female admitted to the hospital is G1 P0 at 39 weeks with twin gestation. The delivery was complicated by nuchal cord, without compression, of fetus 2. Both infants were live born and healthy.	
4	15 year old client is having difficulty breathing. She has AIDS and is 13 weeks pregnant. This is her first pregnancy. Workup reveals Pneumocystitis carinii pneumonia.	
5	A 30-year old female is in the 36 <sup>th</sup> week of pregnancy and comes to the clinic reporting bleeding. Upon examination it is determined that the patient is hemorrhaging due to placenta previa. EMS is called and the patient is sent to the hospital for an emergency C-Section.	
6	A 14 year old prenatal patient returns to clinic a few hours after her initial prenatal workup visit complaining of vaginal bleeding and cramps.	

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#	Scenario/Diagnosis	Answer
7	During a routine maternal health clinic visit, a 38 year old G2, P0, at 22 weeks gestation, diagnosed with eclampsia. She is a juvenile diabetic and is nicotine dependent smoking 1 pack of cigarettes per day.	
8	Patient presents today for postpartum exam and birth control. Last sex was one day ago (first sex since delivering a baby girl 6 weeks ago.) She states that she would like to restart NuvaRing.	
9	Antepartum supervision of pregnancy in patient with history of three previous stillbirths, 12 weeks gestation	
10	A primigravida 15 year old patient at 15 weeks gestation has chronic cystitis and has had recurrent bouts of acute cystitis during her pregnancy.	
11	Clinic visit for lactation advise only.	
12	A 42 year old comes in for her new OB physical exam after a positive home pregnancy test. Pregnancy confirmed at 8 weeks gestation. This is her first pregnancy.	

### **3.3 Chapter 15 - Documentation Tips**

- Documentation of conditions/complications of pregnancy will need to specify the trimester in which that condition occurred.
  - Some codes but not all specify trimester.
- ICD-9-CM documentation required “episode of care” (delivered, ante-partum, post-partum) instead of trimester, childbirth, puerperium
- If the condition develops prior to admission, the trimester at the time of admission is assigned.
- If the patient is hospitalized during one trimester and a condition/complication develops during the same hospitalization but in a subsequent trimester, the code for the trimester in which the complication develops is assigned.
- The provider’s documentation of “weeks” may be used to assign appropriate code for trimester.
- Definition of trimesters
  - First trimester = less than 14 weeks, 0 days
  - Second trimester= 14 weeks, 0 days to less than 28 weeks, 0 days
  - Third trimester = 28 weeks until delivery
- Gestational diabetes needs specification of diet controlled or insulin controlled. If both diet and insulin controlled, the code for insulin controlled will be assigned.

### 3.4 Chapter 15 – ICD-9/ICD-10 Comparison of Gestational Diabetes

ICD-10	ICD-9
<b>INDEX:</b>  <b>Diabetes, gestational (in pregnancy) O24.419</b> affecting newborn P70.0 diet controlled O24.410 in childbirth O24.429 diet controlled O24.420 insulin (and diet) controlled O24.424 puerperal O24.439 diet controlled O24.430 insulin (and diet) controlled O24.434	<b>INDEX:</b>  <b>Diabetes, gestational 648.8</b> Complicating pregnancy, childbirth, or puerperium 648.8
<b>TABULAR:</b> <b>O24.4 – Gestational Diabetes Mellitus</b>  Diabetes mellitus arising in pregnancy Gestational diabetes mellitus NOS  <b>O24.41 – Gestational Diabetes in PREGNANCY</b> O24.410 – ...diet controlled O24.414 – ...insulin controlled O24.419 – ...unspecified control  <b>O24.42 – Gestational Diabetes in CHILDBIRTH</b> O24.420 – ...diet controlled O24.424 – ...insulin controlled O24.429 – ...unspecified control  <b>O24.43 – Gestational Diabetes in PUERPERIUM</b> O24.430 – ...diet controlled O24.434 – ...insulin controlled O24.439 – ...unspecified control	<b>TABULAR:</b> <b>648.8 – Abnormal Glucose Tolerance</b>  Conditions classifiable to 790.21-790.29 Gestational Diabetes  <b>[0-4] (5<sup>th</sup> Digits to Denote Current Episode of Care)</b>  .0 – unspecified as to episode of care or N/A .1 – delivered, w/ or w/o mention of antepartum condition .2 – delivered, with mention of PP complication .3 – antepartum condition or complication .4 – postpartum condition or complication  <b>(NOTE)</b> 790.21 – impaired fasting glucose 790.22 – impaired glucose tolerance test (oral) 790.29 – other abnormal glucose

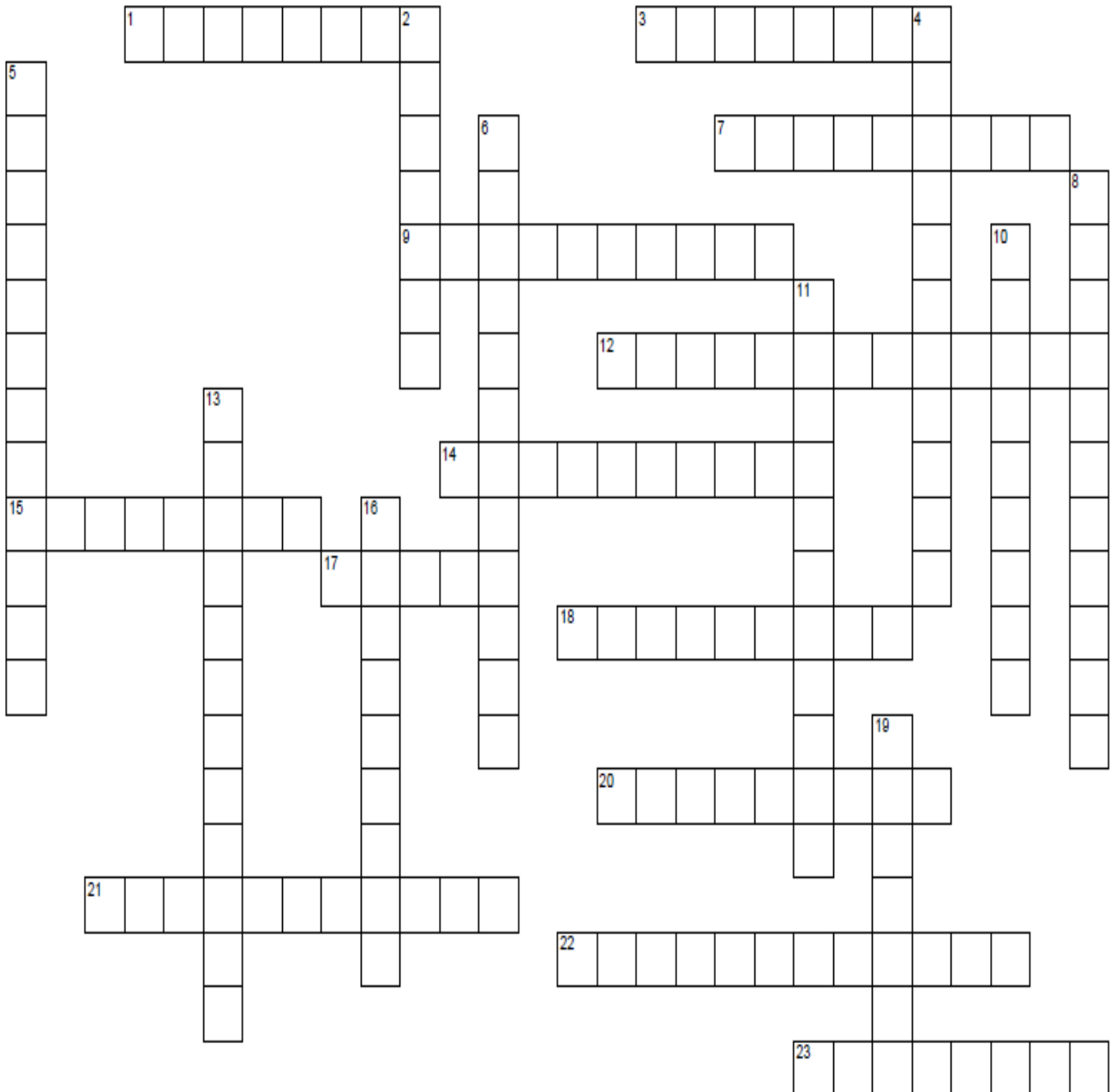
- Gestational diabetes occurs during the 2nd and 3rd trimester of pregnancy in women who were not diabetic prior to pregnancy
- Codes for gestational diabetes are in subcategory **O24.4-, Gestational diabetes mellitus**
  - No other code from category **O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium**, should be used with a code from **O24.4**
  - O24.4- includes codes for diet controlled and insulin controlled
    - If a client with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required
    - Code Z79.4, Long-term (current) use of insulin, **should not** be assigned with codes from subcategory O24.4-
    - Current episode of care (used in ICD-9-CM) is no longer needed
- An abnormal glucose tolerance in pregnancy is assigned a code from subcategory **O99.81-, Abnormal glucose complicating pregnancy, childbirth, and the puerperium**

## 3.5 Chapter 15: Obstetrics and Gynecology

### Crossword Puzzle

*Refer to questions on following page*

# Obstetrics and Gynecology



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**ACROSS**

- 1 A suction cap applied to the fetus' head during delivery
- 3 Where one of the fetus' shoulders becomes stuck during a vaginal birth
- 7 Sepsis infection of the uterus during or after labor
- 9 The period following delivery
- 12 Painful menstrual periods
- 14 Happens in a number of disorders such as placenta previa
- 15 The uterus falls down or slips out of place
- 17 Expanded region of the vaginal canal at the internal end
- 18 A method of artificially stimulating labor in women
- 20 A placenta disorder where a patient can bleed to death if not managed properly
- 21 Heavy menstrual periods
- 22 Involuntary leakage of urine
- 23 Where the fetus is compromised in the uterine environment

**DOWN**

- 2 A pregnancy when an embryo in the Fallopian tube
- 4 Absent menstrual periods
- 5 A disease during pregnancy related to maternal hypertension
- 6 Removal of the uterus
- 8 Operation through small incisions with the aid of a camera
- 10 Refers to a condition of the umbilical cord that risks of fetal suffocation
- 11 Inability to conceive
- 13 Removal of ovaries
- 16 A surgical procedure used to delivery a baby
- 19 A hand held surgical instrument sometimes used in childbirth



## 3.6 Coding Tobacco Use and Nicotine Dependence (ICD-9-CM vs ICD-10-CM)

What is the correct code for tobacco use and nicotine dependence in a cigarette smoker?

ICD-9-CM	ICD-10-CM
Code(s) Assigned	
<b>305.1</b> Tobacco use disorder	<b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated
Indexed Terms	
Index: <b>Dependence</b> nicotine 305.1	Index: <b>Dependence</b> (on) (syndrome) -drug NEC --nicotine ---cigarettes F17.210
Code Comparisons	
<ul style="list-style-type: none"> <li>Tobacco abuse, tobacco dependence, and nicotine dependence are all classified to the same code, 305.1 Tobacco use disorder</li> <li>Code assignment is not impacted by the type of tobacco product used</li> <li>Code assignment would be different if the patient is pregnant</li> <li>Code assignment would be different if the patient has a past history of tobacco use instead of a current tobacco use disorder</li> </ul>	<ul style="list-style-type: none"> <li><i>ICD-10-CM Official Guidelines for Coding and Reporting</i> provides guidance when documentation of substance use, abuse, and dependence appears in the same health record</li> <li>Tobacco use is coded Z72.0 but it would not be reported along with a code from F17 for the nicotine/tobacco dependence per official coding guidelines and Excludes1 note with Z72.0 and F17</li> <li>Subcategories under F17 identify specific tobacco products and nicotine-induced disorders</li> <li>Code assignment would be different if the patient is pregnant</li> <li>Code assignment would be different if the patient has a past history of tobacco dependence instead of a current dependence on tobacco</li> <li>There is no code for past history of tobacco use, only a code for past history of tobacco dependence</li> <li>Tobacco dependence in remission is coded differently than past history of tobacco dependence</li> </ul>
Documentation Needed From Physicians	
<ul style="list-style-type: none"> <li>The provider needs to document that the patient smokes tobacco or uses tobacco</li> <li>Coding Clinic articles provide advice to report 305.1 for a patient who is a smoker (CC 4Q 2009, CC 1Q 2009, CC 2Q 1996, and CC 4Q 1994, and CC Nov-Dec 1984)<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>The provider needs to specify if the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine</li> <li>Documentation is needed on the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal</li> </ul>

*This ICD-10 Checkpoint was submitted by Judy Bielby, MBA, RHIA, CPHQ, CCS, clinical assistant professor at the University of Kansas, consultant with Durst & Associates in the Kansas City area, and an AHIMA-approved ICD-10-CM/PCS trainer.*

## 4. Training Evaluation

### Division of Public Health ICD-10-CM Training Evaluation

1. Please select the category that best describes your profession:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Physician               | <input type="checkbox"/> Physician Assistant/FNP | <input type="checkbox"/> Nurse              | <input type="checkbox"/> Other Clinician |
| <input type="checkbox"/> Billing/Accounting      | <input type="checkbox"/> Health Info Management  | <input type="checkbox"/> Administration     | <input type="checkbox"/> IT              |
| <input type="checkbox"/> Scheduling/Registration | <input type="checkbox"/> Consultant              | <input type="checkbox"/> Business/Financial |  |
| <input type="checkbox"/> DPH Representative      | <input type="checkbox"/> ORHCC Representative    | <input type="checkbox"/> Other              |  |

2. Name of course being evaluated:

- ☐ Basic ICD-10-CM Coding
- ☐ Specialized ICD-10-CM Coding Training – Behavioral Health
- ☐ Specialized ICD-10-CM Coding Training – Child Health, Health Check
- ☐ Specialized ICD-10-CM Coding Training – Family Planning
- ☐ Specialized ICD-10-CM Coding Training – Maternal Health
- ☐ Specialized ICD-10-CM Coding Training – Primary Care, Women’s Health, Chronic Disease, BCCCP
- ☐ Specialized ICD-10-CM Coding Training – STD, HIV, Communicable Disease

3. Venue Type: ☐ Face-to-face in Raleigh ☐ via Webinar by myself ☐ via Webinar with others

Comments related to venue-

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4. Will the training help you fulfill your job responsibilities?

☐ Yes ☐ No Comments -

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5. Did the combination of lecture, coding exercises and quizzes aid in the learning process?

☐ Yes ☐ No Comments -

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6. Any recommendations on how to improve the training?

☐ Yes ☐ No Comments -

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7. Overall, how would you rate the training?

	<b>Great</b>	<b>Good</b>	<b>Average</b>	<b>Fair</b>	<b>Poor</b>
Instructor Knowledge					
Content					
Presentation					

8. Other Comments

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Please submit evaluation form to: [Sarah.Brooks@dhhs.nc.gov](mailto:Sarah.Brooks@dhhs.nc.gov) or mail to Sarah Brooks, 5605 Six Forks Rd., Raleigh, NC 27609

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